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Apr 30 2007 12:31PM KELLY BOGER FAX

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90058 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000043855 1. Entity Name PREMIER LEAK DETECTION, INC.			
Principal Place of Business PMB 131, 6999-02 MERRILL RD. JACKSONVILLE, FL 32277		Mailing Address PMB 131, 6999-02 MERRILL RD. JACKSONVILLE, FL 32277	
2. Principal Place of Business - No P.O. Box # PMB 131, 6999-02 Merrill Rd. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32277		Country USA	
4. FEI Number 05-0632570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADGETT, ANTHONY W 6999-02 MERRILL RD. JACKSONVILLE, FL 32277		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and its applicable</small>		DATE: 4/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD PADGETT, ANTHONY W PMB 131, 6999-02 MERRILL RD. JACKSONVILLE, FL 32277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOGER, KELLY J P. O. BOX 290414 PORT ORANGE, FL 321290414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/30/07 (904) 629-5883 <small>Daytime Phone #</small>	

40098741

1. I am familiar with, and accept the obligations of, registered agent.

04302007 Chg-P CR2E034 (12/06)

4. FEI Number **05-0632570** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

PADGETT, ANTHONY W
 6999-02 MERRILL RD.
 JACKSONVILLE, FL 32277

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
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 CITY-ST-ZIP

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 PMB 131, 6999-02 MERRILL RD.
 JACKSONVILLE, FL 32277

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

SD
 BOGER, KELLY J
 P. O. BOX 290414
 PORT ORANGE, FL 321290414

☐ Delete

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☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #